The Pursuit of Comfort and Peacefulness - Integration of 5-element music therapy and acupuncture in Cancer Palliative Care

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Introduction
Terminal cancer patients are frequently affected by pain and anxiety during the dying process as cancer pain and anxiety are reciprocal. In the Tuen Mun Hospital, a non-pharmacological model has been integrated into the comfort care since 4Q 2016. Apart from Western medications and Chinese medications, patients also received acupuncture and music therapy to reduce pain and anxiety under Integrated Chinese-Western Medicine (ICWM) Pilot Programme.

Objectives
1. To enhance the quality of life for cancer patients by an integrated approach
2. To alleviate pain and anxiety

Methodology
Palliative care aims at providing comfort and symptoms relief to sufferers with terminal diseases. It has been suggested that a more comprehensive model of symptom management was needed. In the Tuen Mun Hospital, cancer patients in palliative care could receive both Western and Chinese medications. Additionally, acupuncture and music therapy were provided to them in order to maximize patient comfort. Many western countries have integrated music therapy into the regular services. In our programme, five-element music was delivered to patients. It is traditional Chinese
music which emphasizes on harmony, peacefulness and balance. Patients could take part in 5 sessions of this recorded music per week and around 20 minutes per session.

Patients under this programme also received 5 sessions treatment of acupuncture per week. A tailor-made acupuncture treatment was designed for each patient by choosing different combinations of acupuncture points at which the treatment enhanced relaxation and lessened pain, for example, LR3 Taichong “太衝”, LI4 Hegu “合谷”, ST36 Zusanli “足三里” and PC6 Neiguan “內關”. Patients received both therapies at the same time.

**Result**

Acupuncture and 5-element music therapy created physical and psychological relaxation. The pre and post assessments of the Edmonton Symptom Assessment Scale (ESAS) were conducted. The pre-mean score of pain was 6.3 (SD=3.8) and anxiety was 4.2 (SD=3.3). The post-mean score of pain was 2.0 (SD=2.3) and anxiety was 1.8 (SD=2.2). The integration of two therapies has received positive feedbacks from patients and achieved high patient satisfaction scores (9.4/10). Many patients suggested a wider choice in the selection of five-element music. This non-pharmacological approach would recruit more patients in the long-term as it is effective, low cost and fewer side-effects. The experience of services would be important for the first Chinese Medicine Hospital in Hong Kong.